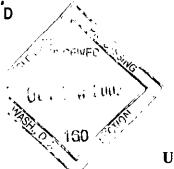
FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

1111 160	_
	٦.

OLAD	APPROVAL.	
UMB	APPRUVAL	

OMB Number: 3235-0076

May 31, 2005

Expires: May 3 Estimated average burden hours per form

SEC USE ONLY						
Prefix	Serial (
DATI	E RECEIVED					

	check if this is an a lies Fund LLC (the "		e nas enanged, an				
Filing Under (Check Type of Filing:	· //	Rule 504 Amendment	Rule 505	Rule 506	Section 4(6) 🗌 ULOE	
			BASIC IDENTIF	ICATION DATA			
	ation requested about			*			
Name of Issuer (Compass Commodic		indment and name h	as changed, and i	ndicate change.)			
Address of Executive c/o MIO Partners, 1		& Company, Inc., !		treet, City, State, ZIP eet, New York, New		ne Number (Including A -1601	rea Code)
Address of Principal (if different from Exe	•	same as above	(Number and S	treet, City, State, ZIP	Code) Telephor	ne Number (Including A above	rea Code)
Brief Description of commodity/real-asse						vely managed commod passive commodity inde	
Type of Business Org corporation business trust	☐ limite	ed partnership, alrea ed partnership, to be	•	other (ple	ase specify): limi	ted liability Por Ton	ESSED
Actual or Estimated I Jurisdiction of Incorp		on: (Enter two-letter		9 8	Actual	DCT 2 3 Estimated THOMS FINANC	2007
ENERAL INSTRUCTION)NS						
		securities in reliance	on an exemption u	nder Regulation D or Se	ection 4(6), 17 CFF	R 230.501 et seq. or 15 U.S	S.C. 77d(6).
ederal:	making an offering of						
ederal: ho Must File: All issuers	•		first sale of securi at the address gives.	ties in the offering. A	notice is deemed to d at that address a	filed with the U.S. Securi after the date on which it	ties and Excha is due, on the o
ederal: tho Must File: All issuers then to File: A notice mommission (SEC) on the was mailed by United Sta	ist be filed no later the carlier of the date it is es registered or certific	an 15 days after the t received by the SEC ed mail to that address				filed with the U.S. Securi after the date on which it not manually signed must	

appropriate federal notice.



•		A. BASIC IDE	NTIFICATION DATA		
2. Enter the information re	quested for the fo	ollowing:			
Each promoter of the	issuer, if the issu	uer has been organized wi	thin the past five years;		
 Each beneficial own the issuer; 	er having the pov	ver to vote or dispose, or	direct the vote or disposition	of, 10% or more of	a class of equity securities of
Each executive office	er and director of	corporate issuers and of o	corporate general and managi	ng partners of partne	rship issuers; and
 Each general and ma 	naging partner of	partnership issuers.			
	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if MIO Partners, Inc. (the "Ma	,	-")			
Business or Residence Addres c/o MIO Partners, Inc., 55 E	s (Number and Si ast 52 nd Street, N	treet, City, State, Zip Cod Yew York, New York 10	e) 1 022		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if MIO Group Inc.	individual)				. ,,,
Business or Residence Addres 55 East 52 nd Street, New Yor	s (Number and Si k, New York 10	treet, City, State, Zip Cod 022	e)	·	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if McKinsey & Company, Inc.	individual)				
Business or Residence Address 55 East 52 nd Street, New Yor	s (Number and St k, New York 10	treet, City, State, Zip Cod	e)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Church, Timothy J.E.	individual)				
Business or Residence Address c/o MIO Partners, Inc., c/o M				rk 10022	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Goveia, Frank	individual)	·			
Business or Residence Address c/o MIO Partners, Inc., c/o M				rk 10022	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Lipscomb, Casey	individual)				
Business or Residence Address c/o MIO Partners, Inc., c/o M				rk 10022	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Tibbets, Todd	individual)				
Business or Residence Address c/o MIO Partners, Inc., c/o M				rk 10022	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
• Each promoter of the issuer, if the issuer has been organized within the past five years;
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
Each general and managing partner of partnership issuers.
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Waite, Donald
Business or Residence Address (Number and Street, City, State, Zip Code) c/o MIO Partners, Inc., c/o McKinsey & Company, Inc., 55 East 52 nd Street, New York, New York 10022
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Buehler, Kevin
Business or Residence Address (Number and Street, City, State, Zip Code) c/o MIO Partners, Inc., c/o McKinsey & Company, Inc., 55 East 52 nd Street, New York, New York 10022
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Casal, Christian
Business or Residence Address (Number and Street, City, State, Zip Code) c/o MIO Partners, Inc., c/o McKinsey & Company, Inc., 55 East 52 nd Street, New York, New York 10022
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Daravala, Toos
Business or Residence Address (Number and Street, City, State, Zip Code) c/o MIO Partners, Inc., c/o McKinsey & Company, Inc., 55 East 52 ^{ad} Street, New York, New York 10022
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Forgie, Jorge
Business or Residence Address (Number and Street, City, State, Zip Code) c/o MIO Partners, Inc., c/o McKinsey & Company, Inc., 55 East 52 nd Street, New York, New York 10022
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Garcia, Jon
Business or Residence Address (Number and Street, City, State, Zip Code) c/o MIO Partners, Inc., c/o McKinsey & Company, Inc., 55 East 52 nd Street, New York, New York 10022
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Hunt, David
Business or Residence Address (Number and Street, City, State, Zip Code) c/o MIO Partners, Inc., c/o McKinsey & Company, Inc., 55 East 52 nd Street, New York, New York 10022

A. BASIC IDENTIFICATION DATA		
2. Enter the information requested for the following:		
 Each promoter of the issuer, if the issuer has been organized within the past five years; 		
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition the issuer; 	of, 10% or more of a class of equity securities of	
Each executive officer and director of corporate issuers and of corporate general and managing	ng partners of partnership issuers; and	
Each general and managing partner of partnership issuers.		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director General and/or Managing Partner	
Full Name (Last name first, if individual) Mechan, William		
Business or Residence Address (Number and Street, City, State, Zip Code) c/o M1O Partners, Inc., c/o McKinsey & Company, Inc., 55 East 52 nd Street, New York, New Yor	rk 10022	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director General and/or Managing Partner	
Full Name (Last name first, if individual) Simensen, Simen Vier		
Business or Residence Address (Number and Street, City, State, Zip Code) c/o MIO Partners, Inc., c/o McKinsey & Company, Inc., 55 East 52 nd Street, New York, New Yor	rk 10022	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director General and/or Managing Partner	
Full Name (Last name first, if individual) Spang, Stephen		
Business or Residence Address (Number and Street, City, State, Zip Code) c/o MIO Partners, Inc., c/o McKinsey & Company, Inc., 55 East 52 nd Street, New York, New Yor	rk 10022	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director General and/or Managing Partner	
Full Name (Last name first, if individual) Viguerie, Patrick		
Business or Residence Address (Number and Street, City, State, Zip Code) c/o MIO Partners, Inc., c/o McKinsey & Company, Inc., 55 East 52 nd Street, New York, New Yor	rk 10022	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director General and/or Managing Partner	
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	☐ Director ☐ General and/or Managing Partner	
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director General and/or Managing Partner	
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		

				В.	INFORM	ATION A	BOUT OFF	ERING				
	he issuer sol			Answer a	lso in Appe	endix, Colu	mn 2, if filir	ng under Ul	LOE.			NO
2. What	is the minin	num invest	tment that	will be acc	epted from	any individ	ual?			•••••	\$100,000)*
 Does Enter commofferi and/o 	to the discretine offering the informanission or sing. If a per with a statiated person	permit joi tion reque milar rem son to be e or states	nt ownersh sted for ea uneration t listed is an i, list the n	nip of a sing ch person valicita for solicita a associated ame of the	gle unit? who has be tion of pur d person or broker or	en or will be chasers in a gent of a dealer. If r	e paid or gi connection broker or conore than fi	ven, directl with sales lealer regis ve (5) pers	y or indire of securiti- tered with ons to be l	ctly, any es in the the SEC isted are	_	00
Full Name (L	ast name fin	st, if indiv	idual)									
Not applic	able.											
Business or F		ldress (Nu	mber and S	Street, City	, State, Zip	Code)						
Name of Ass	ociated Brok	er or Deal	ег	 								
States in Whi	ch Person L	isted Has S	Solicited or	Intends to	Solicit Pu	chasers		<u> </u>				<u> </u>
•	k "All States							tp.ci			_	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	(ID)
(IL) (MT)	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	(MI) [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[UK]	[PR]
Full Name (L				[]	(0.)	()	[,	[]	()	(,	()	()
1 un manie (L	ust marine iii.	31, 11 HIGH	iddai)									
Business or F	esidence Ad	idress (Nu	mber and S	Street, City	, State, Zip	Code)						
Name of Ass	ociated Brok	er or Deal	er									
States in Whi	ch Person Li	isted Has S	Solicited or	Intends to	Solicit Pur	chasers						
•	c "All States			,								All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN] [NE]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
Full Name (L				[17,]	[01]	[,,]	[vii]	["71]	[,,,]	["1]	[,,,,	[11]
Tun Name (E	ust nume m		iouai)									
Business or F	lesidence Ad	ldress (Nu	mber and S	street, City	, State, Zip	Code)						
Name of Ass	ociated Brok	er or Deal	ег					··· •	•			
States in Whi	ch Person Li	sted Has S	Solicited or	Intends to	Solicit Pur	chasers						
	c "All States						***************************************					All States
[AL]	[AK]	[AZ]	[AR]	[CÁ]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[R I]	(SC)	(GD)	(TNI)	[TY]	רדווז	(VT)	[VA]	rwai	rwvi	rwn	rwvi	וספו

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$ 0	\$0
	Equity	\$0	\$0
	Соmmon Preferred		
	Convertible Securities (including warrants)	\$0	\$0
	Partnership Interests	\$0	\$0
	Other (Specify <u>limited liability company interests (the "Interests")</u>	\$500,000,000(a)	\$17,255,017.73
	Total	\$500,000,000(a)	\$17,255,017.73
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	88	
	Non-accredited investors		\$17,255,017.73
		0	\$0
	Total (for filings under Rule 504 only)	N/A	\$N/A
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	\$N/A
	Regulation A	N/A	\$N/A
	Rule 504	N/A	\$N/A
	Total	N/A	\$N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	~	
	Transfer Agent's Fees	=	\$0
	Printing and Engraving CostsLegal Fees		
	Accounting Fees		\$5,000
	Engineering Fees		\$0
	Sales Commissions (specify finders' fees separately)	_	\$0
	Other Expenses (identify) Filing Fees Total	_	
(a)	Open-end fund; estimated maximum aggregate offering amount.	<u>M</u>	\$30,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US			
b. Enter the difference between the aggregate offering price given in response to Part C - Question 4.a. This difference is the "adjusted gross proces to the issuer."	stion i ed proc	and eeds	
 Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be u. 	sed for	cach	\$499,970,000
of the purposes shown. If the amount for any purpose is not known, furnish an estimate and che to the left of the estimate. The total of the payments listed must equal the adjusted gross processuer set forth in response to Part C — Question 4.b above.			
		Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees	⊠	\$0	⊠ 50
Purchase of real estate	⊠	50	⊠ 50
Purchase, rental or leasing and installation of machinery and equipment	X	50	⊠ 50
Construction or leasing of plant buildings and facilities	⊠	\$0	∑ \$0
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another			
issuer pursuant to a merger)	X	20	⊠ 50
Repayment of indebtedness	⊠	\$0	⊠ ∞
Working capital	⊠	S 0	⊠ w
Other (specify): Margin for the speculative trading of commodities, forward contracts, swaps	and		
permissible portfolio investments.	_ 🛛	S 0	\$499,970,000
Column Totals	X	\$0	\$499,970,000
Total Payments Listed (column totals added)	••••	\$499,970	,000
D. FEDERAL SIGNATURE			
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is ignature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.	f filed t , upon v	under Rule 505, the written request of i	following is staff, the
ssuer (Print or Type) Signature		Date	
Compass Commodities Fund LLC		October	3, 2007

ATTENTION

President of the Managing Member

Name of Signer (Print or Type)

Timothy J.E. Church

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

 \mathcal{END}